Vermont Department of Health

Division of Health Surveillance, Public Health Laboratory 195 Colchester Ave. P.O. Box 1125 Burlington, Vermont 05402-1125 (802) 863-7335 (800) 660-9997

Request for Rabies Examination

(Completed form required for testing)

NOTE: All requests for rabies examinations must receive prior approval from the Epidemiology Division of the Vermont Department of Health at (802) 863-7240 or 1-800-640-4374.

	LAB USE ONLY
	Lab#
	Date Rec'd
ubmission Information:	Specimen Information:
ame:	Number of Specimens in Container:
reet:	Type of Animal(s):
ty, State, Zip:	If Bovine, check age: less than 2 years
lephone:	greater than 2 years
y / Evening /	Town captured:
	Date of death:
Check if submitter is in need of rabies box(es)	
_	
Qty:	
emplainant Information:	Reason for Testing:
son Reporting:	Human Exposure
eet:	Date of Exposure:
D Box:	Person(s) Exposed:
0.4.7	
y, State, Zip:	□ Exposure Type □ Bite
ephone:	Contact with saliva/nervous tissue
omments:	Contact with pet or domestic animal
	Veterinarian Diagnostic
	Surveillance
	Other